

Old Code	Description	New Code	MOD	New Time Interval	Comments
Y0000	Exam Refraction	92015			
Y0001	Lenses After August 31, 1981	V2100			
Y0002	Replacement Dispensing Fee After August 31, 1981	92499			
Y0003	Repair (Requires Prior Approval)	92371			
Y0004	Replacement Lens	92499			
Y0005	Replacement Frames	92499			
Y0006	Bifocal Lens	V2200			
Y0007	Replacement Bifocal Lens	92499			
Y0019	Dispensing Fee After August 31, 1981	92499			
Y0100	Screening (0-2 Years)	99381			New patient < 1
Y0100	Screening (0-2 Years)	99382			New patient 1-4
Y0100	Screening (0-2 Years)	99391			Est. Patient < 1
Y0100	Screening (0-2 Years)	99393			Est. Patient 1-4
Y0100	Screening (0-2 Years)	99431	Z7		Newborn H & E
Y0100	Screening (0-2 Years)	99432	Z7		Normal newborn
Y0102	Screening (3-11 Years)	99382			New patient 1-4
Y0102	Screening (3-11 Years)	99383			New patient 5-11
Y0102	Screening (3-11 Years)	99392			Est. Patient 1-4
Y0102	Screening (3-11 Years)	99393			Est. Patient 5-11
Y0103	Screening (12-20 Years)	99384			New patient 12-17
Y0103	Screening (12-20 Years)	99385			New patient 18-39
Y0103	Screening (12-20 Years)	99394			Est- patient 12-17
Y0103	Screening (12-20 Years)	99395			Est- patient 18-39
Y0104	Rubella	90706			
Y0104	Patient was examined and diagnosed by a phys. during visit				Not in use (end date)
Y0105	Development Assessment Screening	96110			
Y0106	DPT	90700			
Y0107	MMR	90707			
Y0108	MR	90708			
Y0109	Measles	90705			
Y0110	Mumps	90704			
Y0111	TOPV	90712			
Y0112	TD or T	90702			
Y0113	HIB	90636			
Y0115	Chicken Pox	90716			
Y0116	Hemoglobin	83036	Z6		
Y0117	Hematocrit	85014	Z6		
Y0118	Sickle Cell	83020	Z5		
Y0119	T-B skin Test	86585			
Y0120	Urinalysis (Dip Stick)	81001			
Y0121	Urinalysis (Micro)	81000			
Y0122	PKU	84030			
Y0123	Hypothyroidism	80418			
Y0124	Lead Screening (Blood)	83655	Z4		
Y0125	G. C. Culture	87070			
Y0126	Pap Smear	88141			
Y0127	Lead EP (Finger Stick)	84202			
Y0128	Coproporphrin, Urine	84120			
Y0129	Lab Handling Fee	99000			
Y0806	Routine Follow-up Antepartum Visit	59425			
Y0815	Initial Comprehensive Obstetrical Visit	99205			
Y0911	Departmental Targeted Case Management	T2023	TBD		
Y0912	Case Management for Children in Custody of the State	T2023	TBD		
Y0913	Case Management for at Risk Non-Custody Children	T2023	TBD		
Y0914	DCS Emergency Shelter Short Term Crisis Placement	S9485			

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Y0000	Exam Refraction	92015			
Y0915	DCS Foster Care / Foster Family Placement	S5145	TBD		
Y0916	Foster Care / Special Medical Fragile	S5145	TBD		
Y0917	CS Foster Care - Special Therapeutic	S5145	TBD		
Y0918	DCS Group Homes	H2020	TBD		
Y0919	DCS independent Living	T2033	TBD		
Y0920	DCS Level 1	T2033	TBD		
Y0921	DCS Level 2	H2020	TBD		
Y0922	DCS Level 2 Continuum	H2020	TBD		
Y0923	DCS Level 2 Special Needs	H2020	TBD		
Y0924	DCS Level 2 Special Populations	H2020	TBD		
Y0925	DCS Level 3	T2048			
Y0926	DCS Level 3 Continuum	H0019	TBD		
Y0927	DCS Level 3 Continuum SP	H0019	TBD		
Y0928	DCS Level 4	T2048	TBD		
Y0929	DCS Level 4 Special Needs	T2048	TBD		
Y0930	DCS Mother / Baby	T2033	TBD		
Y0931	DCS Primary Treatment Center	S9485	TBD		
Y0932	DCS TPS				Not in use (end date)
Y1356	ADULT DAY PROGRAM SHORT LESS THAN 4 HRS.	H2012			
Y1357	ADULT DAY PROGRAM LONG GREATER THAN 4 HRS.	H2012			
Y1366	MOBILE CRISIS SERVICE 90 MIN. OR LESS (does not included	S9485			
Y1367	MOBILE CRISIS SERVICE MORE THAN 90 MIN. (does not incl.	S9485			
Y1368	CRISIS SERVICE FOLLOW-UP	S9485			
Y1802	SUPPORT COORDINATION	T2022			
Y1803	DAY HAB LEVEL B	T2021	TBD	per 15 min.	system change & education
Y1805	RESIDENTIAL HABILITATION	T2016			
Y1809	HCBS 2 RESPITE CARE/OVERNIGHT	H0045			(not in home)
Y1809	HCBS 2 RESPITE CARE/OVERNIGHT	S9125			(in home)
Y1814	HCBS 1 CASE MANAGEMENT	T2022			
Y1815	HCBS 1 PERSONAL CARE	S9122			
Y1816	HCBS 1 HOME DELIVERED MEALS	S5170			
Y1817	HCBS 1 MINOR HOME MODIFICATIONS	S5165			per service, pend for manual pricing
Y1818	DAY HABILITATION LEVEL C	T2021	TBD	per 15 min.	sysstem change & education
Y2020	Standard Frames	V2020			
Y2260	FAMILY BASED LIVING	T2016	TBD		
Y2261	PERSONAL ASSISTANCE	S9122			
Y2262	NURSING SERVICES	S9123			(RN)
Y2262	NURSING SERVICES	S9124			(LPN)
Y2264	ENVIRONMENTAL ACCESS ADAPTATION	S5165			per service pend for manual pricing
Y2267	HCBS 2 HOME HEALTH AID				Not in use (end date)
Y2270	SUPPORTED EMPLOYMENT	H2023		per 15 min.	education
Y2271	COMMUNITY PARTICIPATION	T2013	TBD		
Y2274	RESPITE/SITTER	T1005		per 15 min.	education
Y2275	TRANSPORTATION	T2003			
Y2276	BEHAVIOR SUPPORT/PSYCHIATRIST				use appropriate CPT codes
Y2277	BEHAVIOR SUPPORT/PSYCHOLOGIST	H0031			
Y2278	BEHAVIOR SUPPORT/BEHAVIOR SPECIALIST	H2019			
Y2280	NUTRITION SR	S9470		per hour	
Y2281	PHY THERAPY	G0151	TBD		
Y2282	OCCUPATIONAL THERAPY	G0152	TBD		
Y2283	SPEECH THERAPY	G0153	TBD		
Y2284	ENHANCED DENTAL				use appropriate ADA4 code
Y2285	SPEC EQUIP SUPPLIES	T2029			per service: pend for manual review
Y2286	FAMILY EDUCATION	T2013	TBD		

Old Code	Description	New Code	MOD	New Time Interval	Comments
Y0000	Exam Refraction	92015			
Y2287	HCBS TYPE I PERSONAL EMERGENCY RESPONSE SYSTEM	S5160			(installation and testing)
Y2287	HCBS TYPE I PERSONAL EMERGENCY RESPONSE SYSTEM	S5161			(monthly monitoring fee)
Y2288	SUPPORTIVE EMPLOYMENT/MONTHLY				Not in use (end date)
Y2289	COMMUNITY PARTICIPATION / MONTHLY				Not in use (end date)
Y2290	BEHAVIOR SUPPORT/BEHAVIOR ANALYST	H2019	TBD		
Y2291	PERSONAL EMERGENCE RESPONSE	S5160			(installation and testing)
Y2291	PERSONAL EMERGENCE RESPONSE	S5161			(monthly monitoring fee)
Y2292	SUPPORTED LIVING	T2016	TBD		
Y2293	AUDIOLOGY SERVICE	V5008			
Y2294	NURSING ASSESSMENT	T1001		per hour	
Y2295	PHYSICAL THERAPY ASSESSMENT	G0151			
Y2296	OCCUPATIONAL THERAPY ASSESSMENT	G0152			
Y2297	SPEECH THERAPY ASSESSMENT	G0153			
Y2298	AUDIOLOGY ASSESSMENT	V5008			
Y2300	SUPPORT COORDINATION	T2022			
Y2300	Children Therapeutic Intervention Services				Not in use (end date)
Y2301	RESIDENTIAL HAB	T2016			
Y2302	FAMILY BASED LIVING	T2016	TBD		
Y2303	SUPPORTED LIVING	T2016	TBD		
Y2304	DAY HABILATION	T2021		per 15 min.	education
Y2305	SUPPORTED EMPLOYMENT	H2023		per 15 min.	education
Y2306	COMMUNITY PARTICIPATION	T2013	TBD		
Y2307	SELF-DETERMINATION TRAINING/	T2013	TBD		
Y2308	RESPIRE/OVERNIGHT	H0045			(not in home)
Y2308	RESPIRE/OVERNIGHT	S9125			(in home)
Y2309	RESPIRE/SITTER SERVE	T1005		per 15 min.	education
Y2310	ENVIRONMENTAL ACCESSIBILITY	S5165			per service: pend for manual review
Y2311	TRANSPORTATION/SERVICE AGENCY	T2003			
Y2312	TRANSPORATION/PRIVATE/PUBLIC-CORP	T2003			
Y2313	TRANSPORTATION/INDIVIDUAL	T2003			
Y2314	SPEC. EQUIP, SUPPLIES, ASS TECH	T2029			per service: pend for manual review
Y2315	PERSONAL EMERGENCY RESPONSE	S5160			(Insulation and testing)
Y2315	PERSONAL EMERGENCY RESPONSE	S5161			(monthly monitoring fee)
Y2316	FAMILY EDUCATION	T2013	TBD		
Y2317	PERSONAL ASSISTANCE	S9122			
Y2318	BEHAVIORAL SUPPORT/PSYCHIATRIST				use CPT codes
Y2319	BEHAVIOR SUPPORT/PSYCHOLOGIST	H0031			
Y2320	BEHAVIOR SUPPORT/BEH SPECIALIST	H2019			
Y2321	BEHAVIOR SUPPORT/BEHAVIOR ANALYST	H2019	TBD		
Y2322	NUTRITION SERVICE	S9470		per hour	
Y2323	PHYSICAL THERAPY	G0151	TBD		
Y2324	OCCUPATIONAL THERAPY	G0152	TBD		
Y2325	SPEECH THERAPY	G0153	TBD		
Y2326	AUDIOLOGY SERVICE	V5008			
Y2327	NURSING SERVICES	S9123			(RN)
Y2327	NURSING SERVICES	S9124			(LPN)
Y2328	DENTAL SERVICE				use appropriate ADA4 code
Y2329	VISION SERVICES	V2799			pend for manual pricing
Y2330	Nursing Assessment	T1001		per hour	
Y2331	PHYSICAL THERAPY ASSESSMENT	G0151			
Y2332	OCCUPATIONAL THERAPY ASSESSMENT	G0152			
Y2333	SPEECH THERAPY ASSESSMENT	G0153			
Y2334	AUDIOLOGY ASSESSMENT	V5008			
Y2400	Case Management	T1016		per 15 min	education

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Y0000	Exam Refraction	92015			
Y2401	Personal Care	S9122			
Y2402	Respite	H0045			(not in home)
Y2403	Minor Home Modification	S5165		per service	per service: pend for manual pricing
Y2404	Personal Emergency Response Installation	S5160			
Y2405	Personal Emergency Response System - monthly fee	S5161			
Y2406	Home Delivered Meals	S5170			
Y2407	HOME Maker	S5130		per 15 min.	education
Y3000	Skilled Nursing Care	99301			
Y3001	Physical Therapy	97001			
Y3002	Home Health Aide	99509			
Y3003	Speech Therapy	92507			
Y3004	Occupational Therapy	97003			
Y3005	Medical Social Services	T1000			Private duty/ Independent nursing
Z2000	METAL HEALTH CASE MANAGEMENT/CASE COORDINATION 1	T1016			
Z2001	MENTAL HEALTH CASE MANAGEMENT/CASE COORDINATION	T1016			
Z2002	MENTAL HEALTH CASE MANAGEMENT/CASE COORDINATION	T1016			
Z2010	FORENSICS-STAND TRIAL MENTAL CONDITION AT TIME OF	H0031			
Z2011	FORENSICS-COMPETENCY TO STAND TRIAL ONLY	H0031			
Z2012	FORENSICS-MENTAL CONDITION AT THE TIME OF THE CRIME	H0031			
Z2040	THERAPEUTIC NURSERY-2 HOURS OR LESS	H2020			
Z2041	THERAPEUTIC NURSERY-2 TO 4 HOURS	H2020			
Z2042	THERAPEUTIC NURSERY-MORE THAN 4 HOURS	H2020			
Z2050	INFANT STIMULATION-2 HOURS OR LESS				Not in use (end date)
Z2051	INFANT STIMULATION-2 TO 4 HOURS				Not in use (end date)
Z2052	INFANT STIMULATION-MORE THAN 4 HOURS				Not in use (end date)
Z2060	OUTPATIENT C & A IN-HOME SERVICES 1 HOUR OR LESS	99347			
Z2061	OUTPATIENT C & A IN-HOME SERVICES 1-4 HOURS	99348			
Z2062	OUTPATIENT C & A IN HOME SERVICES 4 OR MORE HOURS	99349			
Z2070	REGIONAL INTERVENTION PROGRAM SERVICES-2 HRS OR	H0025			
Z2071	REGIONAL INTERVENTION PROGRAM-SERVICES 2 TO 4	H0025			
Z2072	REGIONAL INTERVENTION PROGRAM SERVICES-4 + HOURS	H0025			
Z2080	HOUSING SPECIALIST SERVICE 1 HOUR OR LESS	H0046			
Z2081	HOUSING SPECIALIST SERVICES 1-4 HOURS	H0046			
Z2082	HOUSING SPECIALIST SERVICES 4 + HOURS	H0046			
Z2090	HOUSING SUBSIDY	H2016			
Z2100	INDEPENDENT LIVING SUPPORT/WRAP AROUND	H2016	TBD		
Z2110	SPECIALIZED CRISIS RESPITE-24 HRS OR LESS	H0045	TBD		
Z2111	SPECIALIZED CRISIS RESPITE 25-48 HOURS	H0045	TBD		
Z2112	SPECIALIZED CRISIS RESPITE 49-72 HOURS	H0045	TBD		
Z2113	SPECIALIZED CRISIS RESPITE-72 HOURS OR MORE	H0045	TBD		
Z2120	PSYCHO-SOCIAL REHABILITATION SERVICE-4 HOURS OR	H2017			
Z2121	PSYCHO-SOCIAL REHABILITATION SERVICE-4 OR MORE	H2018			
Z2123	PSYCHO-SOCIAL REHABILITATION SERVICE-4 OR MORE	H2018			
Z2130	SUPPORTED EMPLOYMENT SERVICE-1 HOUR OR LESS	H2023			
Z2131	SUPPORTED EMPLOYMENT SERVICE 1 TO 4 HOURS	H2024			
Z2132	SUPPORTED EMPLOYMENT SERVICE 4 OR MORE HOURS	H2024			
Z2140	INTAKE	90801			
Z2150	CRG ASSESSMENT	H0031			
Z2160	TPG ASSESSMENT	H0031			
Z2161	OUTPATIENT C & A IN-HOME SERVICES 1 TO 4 HOURS				Not used (end date)
Z21703	OUTPATIENT SUPPORT SERVICES	H0036			For medical usage
Z21709	OUTPATIENT SUPPORT SERVICE	H0037			For non-medical usage
Z2180	OPIOID (METHODONE) THERAPY	H0020			